

MINNESOTA

# Minor Consent and Confidentiality

## A Compendium of State and Federal Laws

National Center  
for Youth Law

[teenhealthlaw.org/compendium](https://teenhealthlaw.org/compendium)

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## National Center for Youth Law

The National Center for Youth Law (NCYL) is a national, non-profit advocacy organization that has fought to protect the rights of children and youth for more than fifty years. Headquartered in Oakland, California, NCYL leads high impact campaigns that weave together litigation, research, policy development, and technical assistance.

### What this compendium is:

This is a compendium of laws that may be relevant when minors wish to access certain types of sensitive health care and/or wish to access care on their own consent. Each state compendium begins with a chart entitled “quick guide.” The topics listed in the quick guide represent the categories of laws most frequently identified across all states. A circle next to a particular category signifies that a relevant state or federal law was found. Where a law was found, those laws are described in the “summary” section. Each state’s compendium ends with a list of resources, including links to a series of Appendices that delve deeper into key topics.

### What this compendium is not:

This is not a comprehensive guide to all consent, confidentiality, and disclosure laws in any state. For example, the compendium does not include all laws that allow or require parents or persons acting *in loco parentis* to consent to care. Nor does it summarize disclosure laws that may allow or require disclosure of health information for mandated child abuse or public health reporting.

### Recommended Citation

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### Disclaimer

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# MINNESOTA

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## Quick Guide

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## General

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## Minor Consent to Health Care—Services

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- S** Constitution
- S** "Conversion Therapy," Ban<sup>4</sup>
- S** Emergency Care
- S** Financial Responsibility
- S** Gender Affirming Care, Protection
- S** Good Faith Reliance/Immunity from Liability
- S** Hepatitis B Vaccination, Minor Consent
- S** Minor Parent, Consent for Child's Care
- S** Reproductive Freedom
- S** Shield Laws
- S** Tuberculosis Screening

## Key

- S** State law found<sup>5</sup>
- F** Federal/other law may apply

<sup>1</sup> The information in this chapter represents the state of the law as of May 2024 after a diligent search of statutes, regulations, case law, and guidance.

<sup>2</sup> This chapter does not address all the consent and confidentiality rules that may apply when minors are in special care situations such as living with a relative, in federal or state custody, or under court jurisdiction (including dependency, delinquency, or immigration custody).

<sup>3</sup> This category includes parental involvement laws.

<sup>4</sup> This category includes statutes or case law that ban conversion therapy or prohibit banning of conversion therapy.

<sup>5</sup> Symbol indicates law found that either allows providers to offer services without parental consent or explicitly gives minors authority to consent.

## General

**Age of Majority**

*Minn. Stat. Ann. §§ 645.45 and 645.452* provide that the age of majority is 18.

**Emancipation**

No statute expressly defines emancipated minor in general or specifies a legal process by which a minor may become emancipated; however, some statutes acknowledge emancipation for specific purposes. For example, in a statute addressing restraining orders for harassment, *Minn. Stat. Ann. § 609.748* provides that: "A minor demonstrates the minor is emancipated by a showing that the minor is living separate and apart from parents and managing the minor's own financial affairs, and shows, through an instrument in writing or other agreement, or by the conduct of the parties that all parents who have a legal parent and child

relationship with the minor have relinquished control and authority over the minor." And *Minn. Stat. Ann. § 121A.15*, a statute referencing immunization standards for secondary schools, acknowledges the authority of emancipated minors to refuse vaccination in some situations.

**Minor Marriage**

Effective August 1, 2020, *Minn. Stat. Ann. § 517.03* prohibits "civil marriage entered into between persons when both have not attained the full age of 18 years." *Minn. Stat. Ann. § 517.03* also provides that a civil marriage in which one or both parties are minors "that is recognized by another state or foreign jurisdiction under common law or statute, is void and against the public policy of this state unless neither party was a resident of [Minnesota] at the time the marriage was entered into."

## Consent to Health Care

Consent for healthcare refers to granting permission for a healthcare service. A healthcare provider generally must obtain consent before providing care. Adults typically consent to their own healthcare, except in cases of legal incapacity. State and federal laws and court decisions help establish who has the legal authority to provide consent on behalf of minors. Typically, federal and state law require parent or guardian consent for a minor's care. However, the laws in every state include exceptions that allow or require others to consent, in addition to or instead of a parent or guardian. These exceptions include exceptions that allow minors to consent to some or all health care based on the minor's "status" (situation in life) and exceptions that allow minors to consent to certain types of care based on the services sought. Sometimes, these laws are written in a way that allows providers to offer services without parental consent; sometimes, they are written in a way that explicitly gives minors the authority to consent. Federal law also allows minors to consent to specific care in some cases. See **Appendix B** for more on consent including the important role of parents and other adults in minors' healthcare.

The following sections summarize the minor consent laws in the state:

**Minor Consent—Minor's Status****Married Minor**

*Minn. Stat. Ann. § 144.342* provides that any minor who has been married may consent for personal medical, mental, dental, and other health services. The consent of no other person is required.

**Living Apart from Parent/Guardian**

*Minn. Stat. Ann. § 144.341* provides that notwithstanding any other law, minors who are living separate and apart from parents or guardian, with or without their consent and regardless of the duration of separation, and who are managing their own financial affairs regardless of the source or extent of the minors' income may consent for personal medical, dental, mental, or other health services. The consent of no other person is required.

**Minor Parent**

*Minn. Stat. Ann. § 144.342* provides that any minor who has borne a child may consent for personal medical, mental, dental, and other health services. The consent of no other person is required.

**Minor Consent - Services****Abortion**

Abortion is legal and protected in Minnesota. *Minn. Stat. Ann. § 145.409*, the Protect Reproductive Options Act, provides that every individual who becomes pregnant has a fundamental right to obtain an abortion and to make autonomous decisions about how to exercise this fundamental right.

Minors may consent to abortion and neither parental notice or consent is required. In *Doe v. Minnesota*, No. 62-CV-19-3868, 2022 WL 2662998 (Minn. Dist. Ct. July 11, 2022), a state district court held that the parental involvement requirements in Minn. Stat. Ann. § 144.343 are unconstitutional and issued an injunction prohibiting their enforcement.

*For up to date information on the status of abortion protections and restrictions in all 50 states and DC, see [Center for Reproductive Rights, After Roe Fell: Abortion Laws by State](#). See also Appendix C. These laws are changing rapidly, so consultation with counsel is also essential.*

### Family Planning/ Contraceptives

Minn. Stat. Ann. § 145.409, the Protect Reproductive Options Act, provides that every individual has the fundamental right to use or refuse reproductive health care, including care for the purpose of preventing pregnancy. The statute defines “reproductive health care” for this purpose.

The consent of no other person is required. In *Op. Att’y Gen. 494-b-39, August 25, 1972*, Minnesota Attorney General stated that the practice of giving contraceptives to minors without parental consent by physicians is not criminal conduct.

See Appendix I for information about the Title X Family Planning Program and minor consent for family planning, including contraception services. See Appendix C for discussion of contraception and the U.S. Constitution. *Outpatient Mental Health Care*.

### Outpatient Mental Health Care

Minn. Stat. Ann. § 144.343(1) provides that any minor may give effective consent for mental health services to determine the presence of or to treat pregnancy and conditions associated therewith, venereal disease, alcohol and other drug abuse. The consent of no other person is required.

Minn. Stat. Ann. § 144.3431 provides: “A minor who is age 16 or older may give effective consent for nonresidential mental health services, and the consent of no other person is required. For purposes of this section, ‘nonresidential mental health services’ means outpatient services as defined in section 245.4871, subdivision 29, provided to a minor who is not residing in a hospital, inpatient unit, or licensed residential treatment facility or program.”

Minn. Stat Ann § 245.4871(29) defines “outpatient services” as “mental health services, excluding day treatment and community support services programs, provided by or under the clinical supervision of a mental health professional to children with emotional disturbances who live outside a hospital. Outpatient services include clinical activities such as individual, group, and family therapy; individual treatment planning; diagnostic assessments; medication management; and psychological testing.”

Minn. Stat. Ann. § 144.3431 also provides that it does not preclude a minor from providing effective consent for mental health or other health services according to the authority in section 144.344 or other applicable law. Minn. Stat. Ann. § 144.344 provides that medical, dental, mental and other health services may be rendered to minors of any age without the consent of a parent or legal guardian when, in the professional’s judgment, the risk to the minor’s life or health is of such a nature that treatment should be given without delay and the requirement of consent would result in delay or denial of treatment.

### Pregnancy-Related Care

Minn. Stat. Ann. § 144.343(1) provides that any minor may consent for medical, mental and other health services to determine the presence of or to treat pregnancy and conditions associated with pregnancy. The consent of no other person is required.

See Appendix I for information about the Title X Family Planning Program and minor consent for family planning services, including certain pregnancy-related care.

### Sexually Transmitted Infection/Disease/HIV Care

Minn. Stat. Ann. § 144.343(1) provides that any minor may give effective consent for “medical, mental and other health services to determine the presence of or to treat ... venereal disease.” The consent of no other person is required.

The Minnesota Department of Health identifies a list of “Common STDs” that includes AIDS and HIV, <https://www.health.state.mn.us/diseases/stds/index.html#stds>.

See Appendix I for information about the Title X Family Planning Program and minor consent for family planning services, including STI/STD/HIV care.

### Substance Use Care

Minn. Stat. Ann. § 144.343(1) provides that any minor may consent for medical, mental and other health services to determine the presence of or to treat alcohol and other drug abuse. The consent of no other person is required.

## Confidentiality & Disclosure

Federal and state laws determine the privacy and confidentiality of medical and health information. Different laws may apply depending on the health services provided, the source of funding, the location of care, the type of provider, and the characteristics of the patient.

One law with overarching importance is the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule, a federal regulation that protects the privacy of patient health information held by health care providers who transmit certain information electronically and other “covered entities.” As a general rule, HIPAA prohibits healthcare providers from disclosing protected health information without a signed authorization. HIPAA specifies who must sign an authorization to release information. When minors have consented for their own care, HIPAA says the minors usually must sign the release. HIPAA includes exceptions that allow or require a provider to disclose protected information without an authorization in some circumstances, such as to meet state child abuse reporting requirements. HIPAA also addresses when parents and guardians may access a minor’s health information: It explains how this HIPAA rule intersects with state law and other federal laws regarding parent access, and includes rules for what to do about parent access when state law is silent, and for authorized limitations on access in some situations.

See **Appendix H** for a detailed discussion of HIPAA. Other appendices address other important federal health privacy laws that may apply in addition to, or instead of, HIPAA. See **Appendix I** (Title X, family planning), **Appendix J** (Part 2, substance use), **Appendix K** (FERPA, education records), **Appendix L** (insurance and billing), and **Appendix M** (21st Century Cures Act Information Blocking, EHI).

**The following sections summarize selected state laws related to confidentiality, access to records, and disclosure to parents/guardians:**

### Confidentiality/Access to Records

#### Health/Mental Health Records

*Minn. Stat. Ann. § 144.292* provides that “patients” shall have access to “health records,” with certain exceptions.

*Minn. Stat. Ann. § 144.293* provides that in general, a healthcare provider cannot release records without a signed and dated consent from the “patient.”

*Minn. Stat. Ann. § 144.291* defines “patient” for these purposes. In the case of minors, patient includes the minor’s parent or guardian or a person acting as a parent or guardian, unless the minor has received health care services under *Minn. Stat. Ann. §§ 144.341 – 141.347*, in which case the minor is the patient and holds these rights.

*Minn. Stat. Ann. § 144.291* defines “Health record” for this purpose to mean any information, whether oral or recorded in any form or medium, that relates to the past, present, or future physical or mental health or condition of a patient; the provision of health care to a patient; or the past, present, or future payment for the provision of health care to a patient.

*Minn. Stat. Ann. § 144.294* contains specific requirements related to the disclosure of mental health information to a spouse, parent, child, or sibling of a patient.

See **Appendix H** for information about minors’ access to and control of their medical information under HIPAA when they have consented to their own care.

#### Federal laws that may apply in addition to or in lieu of HIPAA and state laws

See **Appendix K** for information about federal confidentiality protection for education records.

See **Appendix J** for information about federal confidentiality protections for certain substance use treatment records.

See **Appendix I** for information about federal confidentiality protection for information about services delivered using Title X Family Planning Program funding.

See **Appendix M** for information about disclosure of information to parents under the 21st Century Cures Act Information Blocking Rule.

#### Disclosure of Health Information to Parents/Guardians

*Minn. Stat. Ann. § 144.346* provides that a medical professional may inform the minor’s parent or guardian of any treatment given or needed for which the minor is authorized to give consent under *Minn. Stat. Ann. §§ 144.341 – 144.3441*, when, in the “judgment of the professional, failure to inform the parent or guardian would seriously jeopardize the health of the minor.”

#### HIPAA rules relevant to disclosure to parents/guardians

See **Appendix H** for information about minors’ access to

and control of their medical information under HIPAA when they have consented to their own care, the HIPAA rule when state law is silent as to parent access, and the HIPAA rule authorizing providers to limit access to records in certain circumstances.

### Federal laws that may apply in addition to or in lieu of HIPAA and state laws

See [Appendix K](#) for information about federal confidentiality protection for education records.

See [Appendix J](#) for information about federal confidentiality protections for certain substance use treatment records.

See [Appendix I](#) for information about federal confidentiality protection for information about services delivered using Title X Family Planning Program funding.

See [Appendix M](#) for information about disclosure of information to parents under the 21st Century Cures Act Information Blocking Rule.

### Insurance Claims/ Billing

See [Appendix L](#) for information about confidentiality protection in the billing and insurance claims process under the HIPAA Privacy Rule.

## Other

This section summarizes a range of laws that may not explicitly address minor consent or disclosure of information but that health care providers often have questions about when minors seek care, especially when they seek care on their own.

### Constitution

In *Women of State of Minn. by Doe v. Gomez*, 542 N.W.2d 17, 27 (Minn. 1995), the Minnesota Supreme Court found that “the right of privacy in the Minnesota Constitution protects a woman’s right to decide to terminate her pregnancy.”

*Minn. Stat. Ann. § 145.409* provides that the Minnesota Constitution establishes the principles of individual liberty, personal privacy, and equality. Such principles ensure the fundamental right to reproductive freedom and that a local unit of government may not regulate an individual’s ability to freely exercise the fundamental rights set forth in § 145.409 in a manner that is more restrictive than that set forth in § 145.409.

### “Conversion Therapy” Ban

For up to date information on the status of statutes or case law that ban conversion therapy for minors, or prohibit state entities from banning conversion therapy for minors in all 50 states and DC, see [Movement Advancement Project’s “Equality Maps: Conversion “Therapy” Laws.”](#) These laws are changing rapidly so consultation with counsel is essential.

### Emergency Care

*Minn. Stat. Ann. § 144.344* provides that “medical, dental, mental and other health services may be given to minors of any age without parent or guardian’s consent when, in the professional’s judgment, the risk to the minor’s life or health is of such a nature that treatment should be given without delay and the requirement of consent would delay or deny treatment.”

### Financial Responsibility

*Minn. Stat. Ann. § 144.347* provides that a minor who

consents for services pursuant to *Minn. Stat. Ann. §§ 144.341 – 144.3441* is financially responsible for the cost of the services.

### Gender Affirming Care

There are no restrictions on access to gender affirming care for minors in Minnesota law.

For up to date information on the status of restrictions on gender affirming care for minors, see [Movement Advancement Project’s “Equality Maps: Bans on Best Practice Medical Care for Transgender Youth”](#). These laws are changing rapidly so consultation with counsel is essential. See also [Appendix G](#).

### Good Faith Reliance/Immunity from Liability

*Minn. Stat. Ann. § 144.345* provides that the consent of a minor who claims to be able to give effective consent for the purpose of receiving medical, dental, mental or other health services but who may not in fact do so, shall be deemed effective without the consent of the minor’s parent or legal guardian, if the person rendering the service relied in good faith upon the representations of the minor.

### Hepatitis B Vaccination, Minor Consent

*Minn. Stat. Ann. § 144.3441* provides that a minor may give effective consent for a hepatitis B vaccination. The consent of no other person is required.

### Minor Parent, Consent for Child’s Care

*Minn. Stat. Ann. § 144.342* provides that any minor who has borne a child may consent for personal medical, mental, dental, and other health services, or to services for the minor’s child. The consent of no other person is required.



## Reproductive Freedom

Minn. Stat. Ann. § 145.409, the Protect Reproductive Options Act, provides that “reproductive health care” means health care offered, arranged, or furnished for the purpose of preventing pregnancy, terminating a pregnancy, managing pregnancy loss, or improving maternal health and birth outcomes. Reproductive health care includes, but is not limited to, contraception; sterilization; preconception care; maternity care; abortion care; family planning and fertility services; and counseling regarding reproductive health care.

*Minn. Stat. Ann. § 145.409* also provides: “(a) Every individual has a fundamental right to make autonomous decisions about the individual’s own reproductive health, including the fundamental right to use or refuse reproductive health care. (b) Every individual who becomes pregnant has a fundamental right to continue the pregnancy and give birth, or obtain an abortion, and to make autonomous decisions about how to exercise this fundamental right.”

*Minn. Stat. Ann. § 145.409* also provides that the Minnesota Constitution establishes the principles of individual liberty, personal privacy, and equality. Such principles ensure the fundamental right to reproductive freedom and that a local unit of government may not regulate an individual’s ability to freely exercise the fundamental rights set forth in § 145.409 in a manner that is more restrictive than that set forth in § 145.409.

## Shield Laws

In 2023, Minnesota passed H.F. No. 366 and H.F. No. 146, which include protections designed to shield health care

providers when they legally provide “reproductive health services” in the state and protect patients who receive this care as well as protect access to “gender affirming care” for minors. The statutes include definitions for these terms. Read more about H.F. No. 366 [here](#) and H.F. No. 146 [here](#).

*For up to date information on the status of abortion protections including shield laws in all 50 states and DC, see [Center for Reproductive Rights, After Roe Fell: Abortion Laws by State](#).*

*For up to date information on the status of protections for gender affirming care, see [Movement Advancement Project’s “Equality Maps: Bans on Best Practice Medical Care for Transgender Youth”](#).*

## Tuberculosis Screening

*Minn. Stat. Ann. § 144.442* provides that the school, district, or board of health may administer tuberculosis testing to some or all persons enrolled by the designated school. Any such testing shall be under the direction of a licensed physician. Prior to screening a minor for tuberculosis, the school shall inform in writing the minors and parents or guardians of the minors and seek parent or guardian consent. Minors may give consent to the tuberculosis testing if they are otherwise authorized to consent for their own care under *Minn. Stat. Ann. §§ 144.341 – 144.347*. The statute specifies procedures for when parent or guardian consent is withheld or cannot be obtained.

## Resources

**Minnesota Statutes** <https://www.revisor.mn.gov/statutes/>

**Minnesota Regulations** <https://www.revisor.mn.gov/rules/>

## Appendices

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**Appendix B. Overview of Consent and Confidentiality When Minors Seek Health Care**

**Appendix C. Contraception, Abortion, and Pregnancy-Related Care for Minors: Consent and Confidentiality Considerations**

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**Appendix F. Substance Use Care for Minors: Consent and Confidentiality Considerations**

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**Appendix L. Confidentiality in Health Insurance Claims and Billing**

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**Appendix N. State Law Table: Minor Consent/Access Based on Status**

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